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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

11

Application Number

10/779,721

Filing Date

February 18, 2004

First Named Inventor

Jerry JOHN

Art Unit

3763

Examiner Name

Unassigned

Attorney Docket Number

CMED.10019

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

The Director is hereby authorized to charge any appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-3218. This paper is submitted in duplicate.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Hutchison & Mason PLLC		
Signature			
Printed name	Joshua T. Elliott		
Date	September 9, 2005	Reg. No.	43,603

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Jennie P. Sread	Date	September 9, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Patent
Attorney Docket No. CMED.10019

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jerry JOHN et al.

Application No.: 10/779,721

Group Art Unit: 3763

Filing Date: February 18, 2004

Examiner: Unassigned

Title: Adhesive-Containing Wound Closure
Device and Method

Confirmation No.: 1723

**SECOND
INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. § 1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98. A copy of each of the documents cited and required by 37 C.F.R. § 1.98 is enclosed.

The listed documents were cited in the International Search Report (ISR) and a Written Opinion in a corresponding International application. Copies of the ISR and Written Opinion are enclosed.

To assist the Examiner, the documents are listed on the attached form PTO/SB/08. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

The cited documents are being submitted within three (3) months of the filing or entry of the national stage of this application or before the first Office Action on the merits, whichever is later. Since these documents are being filed within the time period set forth in 37 C.F.R. § 1.97(b), no fee or statement is required.

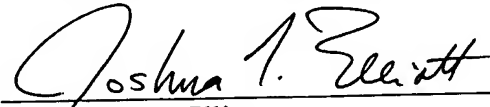
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Respectfully submitted,

HUTCHISON & MASON PLLC

Date: September 9, 2005

By:



Joshua T. Elliott

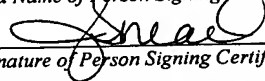
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Jennie Snead

(Typed Name of Person Signing Certificate)



(Signature of Person Signing Certificate)

Date of Signing: September 9, 2005

Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)



Complete if Known

Application Number	10/779,721
Filing Date	February 18, 2004
First Named Inventor	JOHN, Jerry
Group Art Unit	3763
Examiner Name	Unknown

Sheet 1 of 1

Attorney Docket No: CMED.10019

US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document
	6 439 789	08/27/2002	Ballance et al.
	5 476 440	12/19/1995	Edenbaum

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Foreign Document No	Publication Date	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Abstract, Translation, English Language Equivalent or Search Report
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OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	Abstract, Translation, English Language Equivalent or Search Report
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EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. † Applicant's unique citation designation number (optional) ‡ Applicant is to place a check mark here if English language Translation is attached